

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.h.		9/15/99
O.I.P.E. CLASSIFIER		16	9/20/99
FORMALITY REVIEW	HC	71470	9/22/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/15/99
2	✓	✓	9/15/99
3	✓	✓	9/15/99
4	✓	✓	9/15/99
5	✓	✓	9/15/99
6	✓	✓	9/15/99
7	✓	✓	9/15/99
8	✓	✓	9/15/99
9	✓	✓	9/15/99
10	✓	✓	9/15/99
11	✓	✓	9/15/99
12	✓	✓	9/15/99
13	✓	✓	9/15/99
14	✓	✓	9/15/99
15	✓	✓	9/15/99
16	✓	✓	9/15/99
17	✓	✓	9/15/99
18	✓	✓	9/15/99
19	✓	✓	9/15/99
20	✓	✓	9/15/99
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25	✓	✓	9/15/99
26	✓	✓	9/15/99
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28	✓	✓	9/15/99
29	✓	✓	9/15/99
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42	✓	✓	9/15/99
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45	✓	✓	9/15/99
46	✓	✓	9/15/99
47	✓	✓	9/15/99
48	✓	✓	9/15/99
49	✓	✓	9/15/99
50	✓	✓	9/15/99

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here